

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>214518755</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>FreedomWorks, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>FRANK M NORTHAM 5930 WILTON RD ALEXANDRIA, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>DC</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2014</b></p> <p>SCC ID NO: <b>F1707084</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 400 NORTH CAPITOL ST, NW, SUITE 765</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20001</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MATT KIBBE  TITLE: PRES/DIR  ADDRESS: 400 N. CAPITOL ST, NW, STE 765  CITY/ST/ZIP/CO: WASHINGTON, DC 20001 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MATT KIBBE TITLE: PRES/DIR ADDRESS: 400 N. CAPITOL ST, NW, STE 765 CITY/ST/ZIP/CO: WASHINGTON, DC 20001	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD STEPHENSON DIRECTOR 400 N. CAPITOL ST, NW, STE 765 WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADAM BRANDON VICE PRESIDENT 400 N CAPITOL ST NW STE 765 WASHINGTON, DC 20001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TED ABRAM DIRECTOR 400 N CAPITOL ST NW STE 765 WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK SANDS DIRECTOR 400 N CAPITOL ST NW STE 765 WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD STEPHENSON DIRECTOR 400 N CAPITOL ST NW STE 765 WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE FORBES DIRECTOR 400 N CAPITOL ST NW STE 765 WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MATT KIBBE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATT KIBBE, PRES/DIR PRINTED NAME AND CORPORATE TITLE	4/9/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			